

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <u>10/065635</u> FILING DATE _____ APPLICANT(S) _____	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL IND.	<u>10</u>						
TOTAL DEP.	<u>48</u>						
TOTAL CLAIMS	<u>58</u>						
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							